

RECEIVED
CENTRAL FAX CENTER

MORRISON & FOERSTER LLP

FEB 13 2007

Attorneys at Law
555 West Fifth Street
Suite 3500

FEB 13 TUE 3:05

Los Angeles, California 90013-1024
Telephone: (213) 892-5200
Facsimile: (213) 892-5454

To: Examiner: Marlon T. Fletcher
Art Unit: 2873
U.S. Patent and Trademark Office
PO Box 1450, Alexandria, VA 22313-1450
RE: Application No. 10/052,838 (ISHII et al.)
Our Ref.: 39303-20305.00

Facsimile: (571) 273-8300
Telephone: (571) 272-2063

From: Katrin Kauffmann

Date: February 13, 2007

We are transmitting a total of **34** pages (including this page).
Original or hard copy to follow if this box is checked ☐.

If you do not receive all pages, please call 213-892-5214 as soon as possible.

Preparer of this slip has confirmed that facsimile number given is correct: 9174/KXK8

This facsimile contains confidential information, which may also be privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail.

Attached are:

Transmittal Form (1 page)
Petition For Extension Of Time Under 37 CFR 1.136(a) (1 pg)
Fee Transmittal For FY2006 in duplicate (\$1,020 ext. of time fee and \$1,000 additional claim fee to be charged to deposit account)
Amendment In Response To Final Office Action (29 pp)

FEB 13 2007

PTO/SB/21 (09-04)

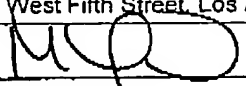
Approved for use through 07/31/2006. OMB 0651-0031


U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|---|------------------------|--------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/052,838 |
| | Filing Date | January 17, 2002 |
| | First Named Inventor | Jun ISHII et al. |
| | Art Unit | 2837 |
| | Examiner Name | Marlon T. Fletcher |
| Total Number of Pages in This Submission | Attorney Docket Number | 393032030500 |

| ENCLOSURES (Check all that apply) | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | MORRISON & FOERSTER LLP (CN 25224) 555 West Fifth Street, Los Angeles, CA 90013 | | |
| Signature |  | | |
| Printed name | Mehran Arjomand | | |
| Date | February 13, 2007 | Reg. No. | 48,231 |

| | |
|---|--|
| I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the following telephone number: 571-273-8300. | |
| Dated: February 13, 2007 | Signature:  (Katrin Kauffmann) |

1a-903828

FEB 13 2007

PTO/SB/17 (01-06)

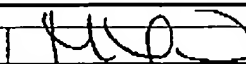
Approved for use through 7/31/2006. OMB 0551-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|--|--------------------------|--------------------|
| FEE TRANSMITTAL For FY 2006 | | Complete if Known | |
| | | Application Number | 10/052,838 |
| | | Filing Date | January 17, 2002 |
| | | First Named Inventor | Jun ISHII et al. |
| | | Examiner Name | Marlon T. Fletcher |
| | | Art Unit | 2837 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Attorney Docket No. | 393032030500 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 2,220.00 |

| | |
|--|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | |
|---|--------------------|---------------------|---|----------------------|----------------------------------|-----------------------|-----------------------|
| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | | Small Entity | | Small Entity | | Small Entity | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | Small Entity | |
| Fee Description | | | | | | Fee (\$) | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | 200 | 100 |
| Multiple dependent claims | | | | | | 360 | 180 |
| Total Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | |
| 42 | | 0 | x | 0 | Fee (\$) | | |
| | | | | | Fee Paid (\$) | | |
| | | | | | 0 | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| 15 | | 6 | x | 200 | 1,200 | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | |
| - 100 = | | 150 | (round up to a whole number) x | | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | Fees Paid (\$) | |
| Other (e.g., late filing surcharge): 1253 Extension for response within third month | | | | | | 1,020.00 | |

| | | | | | |
|--------------------------|---|-------------------------|---------------|------------------|--------------------------|
| SUBMITTED BY | | Registration No. | 48,231 | Telephone | (213) 892-5630 |
| Signature |  | (Attorney/Agent) | | Date | February 13, 2007 |
| Name (Print/Type) | Mehran Arjomand | | | | |

Via Facsimile

la-903832